

PERMIT APPLICATION FOR CONSUMER FIREWORKS RETAIL SALES (CFRS) TEMPE FIRE DEPARTMENT FIRE PREVENTION

1400 E. Apache Blvd P.O. Box 5002 **Tempe AZ 85280** (480) 858-7230 Fax: (480) 858-7243

| For Fire Dept. use only |
|-------------------------|
| CERC 4 1 P 3 |
| CFRS Annual Permit |
| Inspection Fee: \$500 |
| Fee paid : |
| Tent / Canopy Permit |
| Inspection Fee: |
| \$350.00 |
| (if required) |
| Fee paid: |

MAIL APPLICATION AND INSPECTION FEE TO: TEMPE FIRE DEPARTMENT, PO BOX 5002, TEMPE, AZ 85280

| MAKE CHECKS PAYABLE TO: TEMPE FIRE DEPARTMENT | | | | |
|---|-----------------|--|--|--|
| PERMIT ISSUED UNDER CITY ORDINANCE 2010.38 IS NOT TRANSFERABLE., FOR THE SOLE USE OF PERMIT HOLDER PERMIT RIGHTS CANNOT BE LEASED, SUBLEASED, CONTRACTED, OR SUBCONTRACTED TO ANY OTHER PERSON. ANNUAL PERMIT IS VALID FOR ONE LOCATION ONLY. | | | | |
| [1] PERMIT HOLDER INFORMATION | ON | | | |
| COMPANY or ORGANIZATION TO WHOM PERMIT IS TO BE ISSUED | Business Phone | | | |
| Business Name: | 24 Hour Phone | | | |
| Mailing Address: | Fax | | | |
| | E-Mail | | | |
| [2] INDIVIDUAL REPRESENTING COMPANY | OR ORGANIZATION | | | |
| INDIVIDUAL REPRESENTING COMPANY OR ORGANIZATION | 24 Hour Phone | | | |
| LISTED ABOVE INDIVIDUAL SHALL BE RESPONSIBLE FOR ONLY ONE SALES LOCATION | Fax | | | |
| Name: Mailing Address: | E-Mail | | | |
| | | | | |
| [3] INDIVIDUAL RESPONSIBLE FOR SEC | CURITY | | | |
| INDIVIDUAL SHALL BE RESPONSIBLE FOR ONLY ONE STORAGE | 24 Hour Phone | | | |
| LOCATION Name: | Fax | | | |
| Mailing Address: | | | | |
| | E-Mail | | | |
| [4] STORAGE INFORMATION | | | | |
| ADDRESS OF LOCATION WHERE CFRS FIREWORKS WILL BE | 24 Hour Phone | | | |
| STORED (if different from sales location) Address: | Fax | | | |
| INDIVIDUAL RESPONSIBLE FOR OFF SITE STORAGE LOCATION | E-Mail | | | |
| Name: Mailing Address: | | | | |
| Training Fladress. | | | | |
| | | | | |
| DATES THE CONSUMER FIREWORKS WILL BE AT THE STORAGE LOCATION | | | | |
| From: To: | | | | |

| [5] CONSUMER FIREW | [5] CONSUMER FIREWORKS RETAIL SALES INFORMATION | | | | |
|--|---|--|--|--|--|
| LOCATION WHERE CO | NSUMER F | REWORKS (CFRS) WILL | BE SOLD | | |
| ADDRESS: | | | | | |
| | | | | | |
| Check only one: | | Check only one: |) a a B | | |
| □ Indoor Sales | | ☐ Canopy larger than 900☐ Tent larger than 400 so | | | |
| □ Outdoor Sales | | □ Stand | 1 11 | | |
| | | □ Permanent Building / S | Structure | | |
| | | FOR SITE PLAN | | | |
| | scale) OF S | ITE PLAN ON A SEPARA | | | |
| NFPA 1124 REQUIRED SITE PLAN | | NFPA 1124 REQUIRED | | | |
| INFORMATION FOR INDOOR SALES | | INFORMATION FOR O | UIDOOR SALES | | |
| Actual location of fireworks display both inside and outsi | | Show distance from canopy, tent, | | | |
| Actual location of fireworks storage both inside and outsi Gross weight of CFRS on site | de of structure | Streets / sidewalks – minimum 15 Buildings & combustible structur | | | |
| Location of all exits | | Dispensers of flammable liquids – minimum 50 feet | | | |
| Distance (in feet) from fireworks to all exits |) | T (C 11) | | | |
| Location of fire extinguishers (min. 1 - 2A10BC and 1 – I Locations of Tempe ordinance signage | w can) | Location of all exits Actual location of fireworks displ | av and storage on site | | |
| Boots of Tempe of amanee signage | | Gross weight of CFRS on site | | | |
| | | Location of fire extinguishers (mi | | | |
| | | Show cross streets, Fire Department canopy with spacing dimensions | ent access lanes and location of tent or | | |
| | | Location of No Smoking signs | | | |
| | | Locations of Tempe ordinance sig | | | |
| | | Tents/Canopies - Documentation furnished upon request and is real | of structural stability shall be uired should anchorage be modified or | | |
| | | different from the manufacturers | | | |
| | | Flame Resistance per NFPA 701 | • | | |
| | | Hours of Operation | | | |
| [7] WHOLESALER FROM WHOM APPL | ICANT IN | TENDS TO PURCHASE O | CONSUMER FIREWORKS | | |
| Name: | | | | | |
| Address: | | | | | |
| Phone Number: | | | | | |
| Fax: E-Mail: | | | | | |
| | | | | | |
| | AL COMPI | LETING APPLICATION 1 | FORM | | |
| Name (PRINT) | | | | | |
| Signature: | | | | | |
| Date: | | | | | |
| Mailing Address: | | | | | |
| Permit Mailing Address: | | | | | |
| NOTE: By signing this application I verify the | hat the infor | rmation is true to the best o | of my knowledge. | | |
| Phone Number:: | | | | | |
| Fax: | EN | Mail: | | | |
| 1 αΛ . | E-N | an. | | | |
| FOR FIRE DEPARTMENT USE | | | | | |
| Signature of Tempe Fire Department authority | Printed Nam | e | Date | | |
| S. S | Timed I talli | | | | |

[1]

PERMIT HOLDER INFORMATION

Business Name: Company or organization, to whom permit is to be issued

Mailing address: Complete address for the company or organization to whom permit is to be issued

Business Phone Number: Number where the company, organization, may be contacted

24 Hour Phone Number: Emergency phone number for the person representing the company or

organization

[2]

INDIVIDUAL REPRESENTING COMPANY OR ORGANIZATION

<u>Name</u>: Individual representing company or organization responsible for sales location <u>Mailing Address</u>: Mailing address for the person representing the company or organization. <u>24 Hour Phone Number</u>: Emergency phone number for the person representing the company or organization responsible for sales location

Responsible person must be 18 or older

This is the individual the Tempe Fire Department will expect to find at the sales location during hours the permitted sales location is open for business, for inspections, and to answer any questions regarding the sale of fireworks at the permitted location

[3]

INDIVIDUAL RESPONSIBLE FOR SECURITY

Name: Individual responsible for the security of the storage location

Person shall be responsible for one location only

Must be 18 or older and at storage location frequently

Mailing Address: This is the mailing address for the person responsible for security

<u>24 Hour Phone Number</u>: Emergency phone number where the individual responsible for security may be contacted

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[4]

STORAGE INFORMATION

Name: Individual responsible for the storage location

Address where fireworks will be stored: This is the street address where the fireworks will be stored

24 Hour Phone Number: This is the phone number at the storage location

Dates Consumer Fireworks will be at this location

[5]

RETAIL SALES LOCATION INFORMATION

<u>Address where fireworks will be sold</u>: Physical address of the retail sales location, the permanent building, tent, canopy or stand – provide complete address

Inside sales/Outside sales: Please check only one

Canopy /stand /tent: Check only one – this box indicates whether a canopy /stand /tent is being used for outside sales.

A tent larger than 400 sq ft or a canopy larger than 900 sq ft requires an additional permit

CANOPY= A structure, enclosure or shelter constructed of fabric or pliable materials supported by any manner, except by air or the contents it protects, and is open without sidewalls or drops on 75% or more of the perimeter

[6]

REQUIREMENTS FOR SITE PLAN

When completing the site plan please refer to the list of items that must be included in the diagram depending upon whether the sales are located indoors or outdoors

This area must be completed accurately, by scale, as the sales area must match the diagram Canopy, stand, or tent dimensions: Outside dimensions of the canopy, stand, or tent utilized for sales Sizes may be decreased after the permit has been applied for, however, they may not be increased

[7]

WHOLESALE INFORMATION

Name: Address:

Phone Number:

Wholesaler from whom applicant intends to purchase fireworks:

This can be more than one company

List all companies you intend to purchase fireworks from

[8]

INDIVIDUAL COMPLETING APPLICATION

Name: Individual completing application: Printed name AND signature are required

Mailing Address: Address of individual completing application

<u>Permit Mailing Address</u>: This is the address to which the permit will be mailed <u>24 Hour Phone Number</u>: Contact number for individual completing application

Fax Number:: This is the Fax number to which the permit can be faxed